HMO Submission Testing Procedures

Purpose:
Describe the process and requirements for HMO Encounter test submissions.

Overview:
The Department of Access and Accountability has specified revisions to the HMO Encounter submission and Submission Status Report (SSR) layouts to facilitate the National Provider Identifier (NPI). In addition, a new, optional Yes/No indicator is being added to allow the HMO to communicate the financial action they have taken (typically a paid or denied claim).   Other changes include new, secure FTP requirements, addresses, and folder structures; and modifications to the SSR to accommodate upcoming pricing changes.

Each HMO is required to submit encounter test submission(s) in the new format to verify that their system complies with the revised specifications.

Submission Record Layout Changes:
- The record length for both the header and detail records has been changed to 722 bytes.
- Detail field 27 – DRG Code has been removed.
- Provider ID fields 7 – Billing, 15 – Referring, 71 – Performing, and 73 - Prescribing have been expanded from 8 to 10 characters to accommodate NPI.
- Billing and Performing Taxonomy's and Zip Codes have been added.
- A Financial Indicator has been added.
- Nine new diagnosis code fields have been added and the existing diagnosis codes have been expanded to a length of 8 to accommodate the new length to prepare for the MSDRG and UB04 changes.
- The DX_version_ind has been added for the MSDRG and UB04 changes.

Submission Status Report Layout Changes:
- The record length for all records has been changed to 292 bytes.
- Rec A: Billing Provider ID expanded to 10 characters. The Assigned DRG field has been expanded to 4 characters. Three new fields have been added to support future pricing enhancements: Group ID, Allowed Amount, and Pricing Indicator.
- Rec B: Billing Provider ID expanded to 10 characters.
- Rec S: Two new fields have been added – Submitted Zip File Name and Submitted Unzip File Name. These tie the SSR to the HMO's submission file names.

Test Period:
07/072008 - 10/10/2008

Meeting Date: 8/21/08

Minimum Testing Requirements:

Each HMO must successfully submit a test submission meeting the following criteria before they will be allowed to submit production data.

Submission Content	Passing Criteria
At least 10 records of each encounter type	80% of each type accepted
At least 100 records total	90% of total records accepted
2-5 unique values for each of the following added, changed or moved fields	No more than 2 occurrences of the same formatting edit failure (invalid or missing values) per encounter type.

		Number of <u>unique</u> values, by encounter type. (D only if dental provider)				
Fld#	Field Name	M	P	I	O	D
7	Billing Provider ID (NPI)	5	5	5	5	5
15	Referring Provider ID (NPI)	5	5	5	5	5
71	Performing Provider ID (NPI)	5	5	5	5	5
73	Prescriber Number (NPI or DEA)	5	5	5	5	5
89	Financial Indicator	2	2	2	2	2
90	Billing Provider Taxonomy	5	5	5	5	5
91	Billing Provider Zip+4	5	5	5	5	5
92	Performing Provider Taxonomy	5	5	5	5	5
93	Performing Provider Zip+4	5	5	5	5	5

Note: each test encounter can contain unique values for multiple fields (i.e. the validation of each field need not be on separate records).

Environmental Assumptions

The HMO can assume that the test database will be empty at the start of the testing. RINs that are accepted during testing will duplicate if resubmitted in test unless reversed prior to resubmission.

Test Procedures:

1. Prepare test submission meeting all stated requirements. The unzipped file can be named anything you wish.
2. Zip the submission with the name formatted as 6900xxxxEyyyymmddSnnTEST.zip. The test zip file name must end with "TEST".
3. Using secure FTP log on to the FTP server (IP - 63.240.249.236).
4. After successfully logging on to the FTP server open the appropriate folder.

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The folder structure on the ftp server for each managed care organization has one folder for each of the HMO environments: production, test, model office and user acceptance

The structure is as follows:

```
/ (root)
        export
                ftp
                        hmoNNNNE
                                incoming
                                outgoing
                        hmoNNNNE
                                incoming
                                outgoing
                        hmoNNNNE
                                incoming
                                outgoing
                        etc.
```

Where NNNN is the last 4 digits of the HMO ID, and E is the environment "t" for test, "m" for model office, "a" for user acceptance and "p" for production, etc.

5. Place the zip file in the subfolder /incoming.
6. EDS will send an automated email response indicating successful receipt of the encounter.
7. EDS will process the submission and return the SSR to the folder /outgoing and send an automated email response to the addresses in the header record.
8. Correct errors, as required, and resubmit. Be sure to increment the sequence number in the .zip file name.
9. When the submission(s) have met the stated criteria, notify HMO_SUPPORT at VEDSHMOSupport@wisconsin.gov
10. EDS will validate the submission content and results, and respond to the HMO.

Support:

Assistance is available during normal business hours via email VEDSHMOSupport@wisconsin.gov or phone 608-221-4746.

Contact	Phone Extension	Issues
Gary Czernecki	80434	Primary HMO Support Contact
Carl Clemens	80428	FTP Server Set Up Issues
Christine McDonough	80431	Back Up HMO Support Contact Back Up FTP Server Set Up Issues

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